

National referral mechanism for potential ADULT victims of trafficking

Section A: personal details

*Last name: .. . *First name(s): .. .

Also known as: ...

*D.O.B: /...../ .. Age: Sex: ... Place of birth:

*Nationality: Language(s) spoken:

Any English spoken: Y or N Interpreter needed: Y or N Immigration status:

Other communication aids required (for example sign language): Y or N Details: .. .

Home Office reference: Visa or work permit reference:

Any other reference numbers:

Port of entry known or claimed (delete as appropriate)

Method of entry to US Carrier:

Safe telephone number on which to contact the potential victim, such as a personal mobile number: . ..

Other means of contacting the potential victim . . .

US current address.....

Can address be used for correspondence relating to victim identification and support? Y or N (delete as appropriate)

If not, please provide an alternative address for postal communications.....

Contact details of person making referral (first responder)

Name:

Job title:

Organization: .. Unit or area.....

Tel: Mobile: ..

Email:

Signature:Date: /...../

Details of encounter

Date: /...../ ... Where was the victim encountered (provide address if different from above)

.....

Consent of individual

Consent to the referral (mandatory)

I consent to my details including name and date of birth being submitted to the competent authority to assist in the identification process.

Signed: ... Date: /...../

Section B: general indicators

Please tick all relevant boxes

1. Distrustful of authorities
2. Expression of fear or anxiety
3. Signs of psychological trauma (including post traumatic stress disorder)
4. The person acts as if instructed by another
5. Injuries apparently a result of assault or controlling measures
6. Evidence of control over movement, either as an individual or as a group
7. Found in or connected to a type of location likely to be used for exploitation
8. Restriction of movement and confinement to the workplace or to a limited area
9. Passport or documents held by someone else
10. Lack of access to medical care
11. Limited social contact
12. Limited contact with family
13. Doesn't know home or work address
14. Perception of being bonded by debt
15. Money is deducted from salary for food or accommodation
16. Threat of being handed over to authorities
17. Threats against the individual or their family members
18. Being placed in a dependency situation
19. No or limited access to bathroom or hygiene facilities
20. Any other, please provide details in section F

Where indicators are identified record full details in section F

Section C: Indicators of forced labor

Are any of these indicators present? (tick as applicable)

Yes please tick all relevant boxes in section C

No continue to section D

1. Employer or manager unable to produce documents required when employing migrant labour
2. Employer or manager unable to provide record of wages paid to workers
3. Poor or non-existent health and safety equipment or no health and safety notices
4. Any other evidence of labour laws being breached
5. No or limited access to earnings or labour contract
6. Excessive wage reductions
7. Dependence on employer for a number of services for example work, transport and accommodation
8. Any evidence workers are required to pay for tools, food or accommodation via deductions from their pay
9. Imposed place of accommodation
10. Any other, please provide details in section F

Where indicators are identified record full details in section F

Section D: Indicators of domestic servitude

Are any of these indicators present? (tick as applicable)

Yes please tick all relevant boxes in section D

No continue to section E

1. Living with and working for a family in a private home
2. Not eating with the rest of the family or being given only leftovers to eat
3. No proper sleeping place or sleeping in shared space for example the living room
4. No private space
5. Forced to work in excess of normal working hours or being 'on-call' 24 hours per day
6. Employer reports them as a missing person
7. Employer accuses person of theft or other crime related to the escape
8. Never leaving the house without employer
9. Any other, please provide details in section F

Where indicators are identified record full details in section F

Section E: Indicators of sexual exploitation

Are any of these indicators present? (tick as applicable)

Yes please tick all relevant boxes in section E

No continue to section F

1. Advertises for sexual services offering women from particular ethnic or national groups
2. Sleeping on work premises
3. Movement of women between brothels or working in alternate locations
4. Women with very limited amounts of clothing or a large proportion of their clothing is 'sexual'
5. Only being able to speak sexual words in local language or language of client group
6. Having tattoos or other marks indicating 'ownership' by their exploiters
7. Person forced, intimidated or coerced into providing services of a sexual nature
8. Person subjected to crimes such as abduction, assault or rape
9. Someone other than the potential victim receives the money from clients
10. Health symptoms (including sexual health issues)
11. Signs of ritual abuse and witchcraft (juju)
12. Substance misuse
13. Any other, please provide details in section F

Where indicators are identified record full details in section F

Section F: evidence to support reasons for referral (2 pages available)

Please use this section to:

- expand on the circumstances or details of the encounter or contact, providing background to how the information was provided (for example on first encounter during police operation)
- provide evidence of the indicators that you have identified in sections B to E
- note whether it is likely that further information will be become available at a later date
- provide any other relevant information that you consider may be important and wish to include for example living or working conditions, behaviour, appearance, demeanour
- movements in or to the US, including dates (if known)
- suspected place of exploitation (if known)
- name of agent, exploiter or trafficker (if known)
- record any action you have taken including referral to other agencies (for example The Salvation Army, police, US Border Agency) where appropriate

(If a separate sheet is required, please indicate that section F is continued and provide with referral)

Section	Indicator
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THESE ARE SAMPLE FORMS- may be adapted or used to assist with documentation.